

1700\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Patent Application of)
)

MINEMURA et al.) **Art Unit 2627**
)

Application Number: 10/774,587) **Examiner**
) **Danielsen, Nathan Andrew**
)

Filed: February 10, 2004)
)

For: PRML (PARTIAL RESPONSE MAXIMUM)
LIKELIHOOD) INFORMATION REPRODUCING)
METHOD AND INFORMATION REPRODUCING)
APPARATUS FOR IMPLEMENTING THE SAME)
(AS AMENDED))
)
)
)

Attorney Docket No. HIRA.0142)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir: /

☒ The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE | CALCULATION |
|---|-----------------------------------|-------------------------------|------------------------|---------|-------------|
| Total Claims | 10 | 11 | (Over 20) | x \$50 | 0 |
| Independent Claims | 2 | 2 | (Over 3) | x \$210 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | + \$370 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). | | | | x ½ | |
| | | | TOTAL | | 0 |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

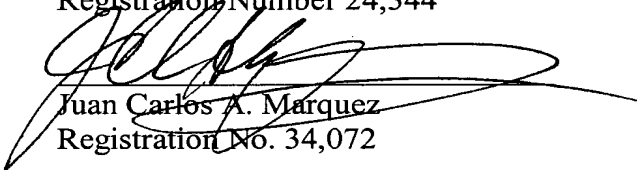
☒ Response to Office Action
(w/ Claim Amendments)
☐ Substitute Specification
(w/ clean and marked-up version)
☐ Information Disclosure Statement

☒ Petition for Extension of Time (2 month)
☐ Terminal Disclaimer
☐ Letter to Draftsperson
(w/ __ sheets of Replacement Drawings)
☐ Other _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$460.00** to cover the two month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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